

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/533670 FILING DATE 30 DEC. 2005

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2		/				
3	/					
4		/				
5	/					
6		/				
7	/					
8		/				
9	/					
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11	/					
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41	/					
42	/					
43	/					
44	/					
45	/					
46	/					
47	/					
48	/					
49						
50	/					
TOTAL IND.	6					
TOTAL DEP.	49					
TOTAL CLAIMS	50					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/					
52		/				
53	/					
54	/					
55		/				
56		/				
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58		/				
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93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.					0	
TOTAL DEP.	22				22	
TOTAL CLAIMS	22				22	